



# Town of Ipswich Board of Health

25 Green Street  
Ipswich, MA 01938  
978-356-6605; Fax 978-356-6680

## Application for License to Manufacture Frozen Desserts and/or Ice Cream Mix

Fee \$50.00

To the Board of Health of Ipswich:

In accordance with the provisions of section 65H of Chapter 94 of the General Laws, as most recently amended, and the regulations made thereunder, the undersigned hereby applies for a license for the manufacture of frozen desserts and or ice cream and submits the following information:

1. Name of Establishment:\_\_\_\_\_

2. Address of Establishment:\_\_\_\_\_

\_\_\_\_\_

Telephone:\_\_\_\_\_Fax:\_\_\_\_\_

3. Mailing address (if different):\_\_\_\_\_

\_\_\_\_\_

4. Name of Owner:\_\_\_\_\_

5. Address of Owner:\_\_\_\_\_

5a. If corporation or partnership, list full name, title and home address of all officers or partners:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please complete other side of Application**

6. Names of brands and trade or corporation name, if any, under which the products are to be sold:

---

---

---

7. Number and capacity of freezers: \_\_\_\_\_

8. Is the mix purchased? \_\_\_\_\_

If so from whom? \_\_\_\_\_

9. Is the mix pasteurized or not? \_\_\_\_\_

10. Number of gallons of frozen desserts and/or ice cream mix to be sold in Massachusetts during the licensing period \_\_\_\_\_

11. Number of gallons of frozen desserts and/or ice cream mix sold in Massachusetts during the previous licensing period \_\_\_\_\_

12. Is the plant constructed and equipped as provided in the regulations? \_\_\_\_\_

13. Is the water supply public or not? \_\_\_\_\_

14. Have you received a copy of the regulations? \_\_\_\_\_

I hereby certify that the frozen desserts and/or ice cream mix I sell in Massachusetts will be manufactured in compliance with all laws of the Commonwealth of Massachusetts pertaining thereto and all rules and regulations promulgated by the Massachusetts Department of Public Health made thereunder and will be manufactured under sanitary conditions. I attest that the information stated in this application is true and accurate under the pains and penalties of perjury.

\_\_\_\_\_  
(Company owner/officer)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City or Town)